Application Fee: \$25.00

Note: Application must be complete and Application fee must be paid at time of submittal

## TOWN OF GARNER www.GarnerNC.gov

## **ZONING COMPLIANCE PERMIT – Accessory Structure**

A plot plan or survey must be submitted along with completed application and filing

| <u>fee.</u><br>OFFICE USE ONLY |                            |  |  |  |  |
|--------------------------------|----------------------------|--|--|--|--|
| Permit Number:                 | Date:                      | Receipt:   |  |  |  |
| residential accessory bu       | ildings. Residential acces | ired prior to construction of certain<br>ssory buildings, of up to 144 square feet |  |  |  |
| size and having no dimensi     | •                          | not covered by North Carolina Building   |  |  |  |
|                                | uilding permits. However,  | Section 5.4(b) of the Unified Developme  |  |  |  |

| <ul> <li>The maximum height of an attemption.</li> <li>The minimum setback from attemption.</li> <li>The minimum setback from attemption.</li> <li>If an easement or buffer exists as the easement or buffer lint.</li> <li>The floor area shall not exceed the R40 district.</li> </ul> | a side lot line is ten<br>a rear lot line is five<br>sts along such a lot<br>ne if it is greater tha | n (10) feet;<br>e (5) feet;<br>t line, the mini<br>an the applica | imum setback<br>ble minimum  | will be the same stated above; |  |
|--|--|---|--|--------------------------------|--|
| Property Location:   |  | 5007  |  |                                |  |
| Zoning:  | Wake County  | PIN(s):   |  |                                |  |
| Please note any easements and  | or buffers on the p  | property and the  | heir type and  | size:                          |  |
| Type:  | Size   | :   | Se   | etbacks:                       |  |
| Storage Shed   | Length   |   | Side   |                                |  |
| Workshop   | Width  |   | Rear   |                                |  |
| Other (please describe type and  | use)   |   |  |                                |  |
| Number of existing accessory buildings: Total area of existing accessory buildings:  |  |   |  |                                |  |
| Area (square feet) of proposed building:Area (square feet) of residence:   |  |   |  |                                |  |
| Please note that if any wiring of square feet or 12 feet in any dimenses. This will be a   |  | spections Depa  | artment for app  | plicable permits and           |  |
| Applicant:   |  |   |  |                                |  |
| •  |  |   |  |                                |  |
| City, State, Zip:Phone:  |  |   | Fmail:   |                                |  |
| rnone.   | I dx.  |   | Liliali.   |                                |  |
| Property Owner:  |  |   |  |                                |  |
| Address:   |  |   |  |                                |  |
| City, State, Zip:  |  |   |  |                                |  |
| Phone:   | _ Fax:   |   | Email:   |                                |  |
| SIGNATURES (REQUIRED)  |  |   |  |                                |  |
| Applicant – Printed  |  | Applicant – S   | Signature  | Date                           |  |
| Property Owner – Printed (if oth   | er than applicant)   | Property Owi  | ner  | Date                           |  |
| Zoning Verified PIN Verified Owner Verified Setbacks Verified Easements Verified on subdivision plat if av.  APPROVED BY:  | OFFICE USE   | [<br>]<br>L   | Dimension 12' or le<br>Fotal area less thar<br>Less than half of pr<br>Buffers Verified<br>Floodplain Verified | n 144 square feet              |  |
| Printed  | Signature  |   | Date   |                                |  |